



ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1 COMMERCE WAY, SUITE 104
LITTLE ROCK, AR 72202
PHONE: 501-371-2750
FAX: 501-683-2604

Website: <https://insurance.arkansas.gov/pages/industry-regulation/licensing/>

LICENSE SURRENDER FORM

INSTRUCTIONS: All Areas of this form that relate to the individual or the agency must be completed. If information does not apply, then mark the section N/A. WE MUST HAVE A PHYSICAL ADDRESS FOR THE RESIDENCE. Use a separate form for each license type, individual or agency – do not combine an individual and an agency on the same form. Combinations will not be processed. This form must be completed in ink, typed, or computer generated. The form must be legible or it will not be processed. This form must be signed in order to be effective. COMPLETED FORM MAY BE MAILED OR FAXED TO 501-683-2604.

INDIVIDUAL:

Name: _____

Arkansas License Number: _____

License Type: _____

Current Mailing Address: _____

Current Residence Address: _____
Street Number and Name City State Zip

Please accept this as my request to voluntarily surrender my Arkansas producer license and change my license status to inactive. I understand that the Commissioner must grant this request.

Licensee's Signature _____ Dated: _____

BUSINESS ENTITY (AGENCY):

Name: _____

Arkansas License Number: _____

Current Mailing Address: _____

Current Physical Address: _____
Street Number and Name City State Zip

Please accept this as my request to voluntarily surrender the Arkansas agency license and change the license status to inactive. I am authorized to act on behalf of the above agency and have authority to make this request. I understand that the Commissioner must grant this request.

Signature of Authorized Agency Representative _____ Dated: _____

Printed Name of Authorized Agency Representative _____

Department Use Only: Date Received by Department _____ Date Keyed _____